

HEALTH CARE ADVISORY BOARD

Meeting Summary

May 12, 2014

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Dr. Tim Yarboro
Ann Zuvekas
Ellyn Crawford
Rosanne Rodilosso
Dave West
Dr. Michael Trahos, DO
Francine Jupiter

STAFF

Sherryn Craig

GUESTS

Sean Ambrose, Artisan Land Group LLC
Joe McElwee, Capital Senior Housing
Scott E. Adams, McGuire Woods, LLP
Lisa M. Chiblow, McGuire Woods, LLP
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Bob Eiffert, Health Department
Robin Wilson, Health Department
Marie Custode, Health Department
Michael Forehand, Inova Health System

Call to Order

The meeting was called to order by Marlene Blum at 7:35 p.m.

April Meeting Summary

The minutes were approved as submitted.

HCAB Nominating Committee

Francine Jupiter, Rose Chu, and Lyn Crawford have agreed to serve on the nominating committee for the upcoming HCAB election of officers. Ms. Jupiter has agreed to chair the committee. The slate of candidates will be presented at the June 9 meeting, at which time elections will be held.

Public Hearing on Special Exception Application SE 2014-SU-010 to develop Arbor Terrace of Fairfax

Sean Ambrose, Development Director, Artisan Land Group LLC; Joe McElwee, Principal of Development, Capital Senior Housing; Scott E. Adams, Attorney, McGuire Woods,

LLP; and Lisa M. Chiblow, Land Use Planner, McGuire Woods, LLP appeared before the HCAB to present CSH Artisan Fairfax's proposal to develop an assisted living facility/memory care community and answer HCAB members' questions. CSH Artisan Fairfax will act as the property owner and developer; Arbor Company will act as the facility's operator.

Mr. Ambrose stated that Arbor Terrace of Fairfax's location on Lee Jackson Memorial Highway (Route 50) will make the site accessible, especially to caregivers, including family members and friends, commuting to and from work using Route 50. The facility will consist of a one-story community with 48 separate apartments, six shared, for seniors enrolled in the Evergreen Program designed for seniors confronting various forms of dementia or memory impairment, including Alzheimer's disease. The facility will be organized into two distinct neighborhoods, 24 apartments on each side with separate dining quarters, allowing for a quiet, more intimate feel among residents and a smaller span of control for staff. The average age of an Arbor Terrace resident is 83 years old.

The applicant stated that the building will be totally secured, equipped with window stops and lockable doors that require a key code to access going in and out. An emergency alert signaling system will notify staff when individuals are entering or leaving secured wings. Separate fencing and a secured outdoor garden with raised flower beds will be constructed; perimeter fencing will extend down Route 50, around Downs drive and across the back of the facility. Apartments will not be equipped with kitchenettes.

The applicant stated that communal amenities will be available onsite, including a lifestyle room, discovery room, living room, library, computer center, dining room, activities room, beauty/barber salon, and outdoor courtyards. Exercise, physical therapy, daily activities and various entertainment programs will be designed to encourage residents to come out of their rooms and to interact with other residents and community members. Having as many services available to residents at the facility minimizes the stress that may arise from off-site travel or disruptions to individual routines/schedules. However, the facility will make a bus available to residents requiring transportation to outside appointments.

Mr. Ambrose stated that Arbor Terrace will partner with family and caregivers to develop an individualized service plan based on residents' life histories and care level needs. Residents will be encouraged to maintain their relationships with their physicians, but the facility is willing to work with residents to establish new provider partnerships.

Mr. Ambrose stated that every 67 seconds, a senior is diagnosed with dementia within the United States; one in three seniors will die from Alzheimer's or another form of dementia. The applicant cited the County's 50+ Plan, which projects housing needs for

persons over the age of 70 will increase by almost 60% in the next decade. Occupancy for facilities within a five mile radius of the proposed Arbor Terrace site are close-to or at capacity, and few dementia communities are being built in the Fairfax area.

Furthermore, market research conducted by CSH Artisan Fairfax showed that over 4,000 75+ seniors and 35,000 adult caregivers ages 45-64 years old would qualify or benefit from services provided by Arbor Terrace of Fairfax.

The pricing model for Arbor Terrace is not all-inclusive; rates will vary according to residents' acuity, care, and service needs. Monthly charges are estimated between \$5,600 and \$7,150. The applicant also shared that the facility will provide different unit types and sizes in an effort to accommodate prospective residents' budgets. For example, smaller apartments and semi-private units will be available at a lower price point. Mr. Ambrose stated that Arbor Terrace of Fairfax will participate in the Virginia Department of Social Services' Auxiliary Grant Program, committing four percent of its beds for low income residents who cannot afford the facility's market rate.

Residents diagnosed with diabetes may require additional care levels, including Diabetic Management (\$200/month) and Medication Management (\$350/month). Given that medication is one way to manage chronic diseases, it was not clear to the HCAB why diabetes was selected as one add-on and what justified the price differential.

Mr. Ambrose revised the information he initially provided to the HCAB regarding staffing and qualifications. Arbor Terrace will employ administrative and health services staff, marketing staff, activities and transportation staff, dining staff, housekeeping staff, and maintenance staff. There will be three shifts, 7 am – 3 pm, 3 pm – 11 pm, and 11 pm – 7 am. The maximum number of employees per shift will range between 18 and 20. The caregiver-to-resident ratio will vary by residents' acuity, and is estimated at one to six, but may go as high as one to eight.

The facility will employ an Executive Director, with a minimum of 10 years of experience administering senior services; the Executive Director will oversee all care and services provided in the building. A Licensed Practical Nurse (LPN) will be assigned to each shift and will share medication monitoring and administration with a Certified Medication Technician (CMT). No resident will be allowed to keep medication in his/her room or self-administer. All medications will be kept in a secured area, and a special software program will be used to track when medications are administered and what is taken. While medication supervision rests exclusively with the LPN and CMT, Mr. Ambrose stated that the facility will add staff should delays in medication administration occur and/or resident acuity increases.

One-on-one direct patient care will be provided by Certified Nursing Assistants. An Engagement Director will design individualized programs for each resident's unique care

needs along with four to five group activities depending on community interests (e.g., card club, reading club, gardening club, etc.).

Approximately three to four staff will be assigned to the nighttime (11 pm – 7 am) shift, with one fulltime staff person assigned to each neighborhood (i.e., 24 apartments each). A third staff person will float between neighborhoods. Should residents' acuity increase, a fourth staff person will be added.

The applicant also explained that within Arbor Company's corporate structure, there is a physician dedicated exclusively to memory and dementia care. All Arbor Terrace employees will receive special training in cognitive impairment and dementia that includes an explanation of cognitive impairments, resident care techniques, behavior management, communication skills, activity planning, and safety considerations.

Hiring policies for Arbor Terrace employees will include background checks to verify educational requirements, certifications, and overall qualifications. The Arbor Company will also provide staff with in house educational and training opportunities through proprietary software called Arbor Connect. Mr. Ambrose felt that ongoing education not only enhances the quality of care for its residents, but increases employee retention by developing new skill sets and professional advancement opportunities within the Arbor Company.

Emergency protocols are in place with Reston Hospital and Inova Fair Oaks Hospital. Prior to its opening, Arbor Terrace will work with local Emergency Medical Service (EMS) personnel so they can familiarize themselves with the layout and drill ingress and egress routes.

Mr. Ambrose said that residents will be assessed regularly, and individualized care plans will be revised to meet the changing needs of each resident. Mr. Ambrose stated that Arbor Terrace is committed to helping its residents function at their highest level of independence and maintain or improve their health status.

With respect to residents who are violent and/or combative, Mr. Ambrose and Mr. McElwee stated that staff are trained to recognize residents who may be abusive and will take measures that prevent one person from dominating the community. In the event the behavior continues, the staff would need to work with family/caregivers to discharge the resident to a nursing facility that specializes in violent/aggressive behaviors.

Dr. Michael Trahos, DO moved that the HCAB recommend the Board of Supervisors approve CSH Artisan of Fairfax's request to develop Arbor Terrace of Fairfax Assisted Living to provide memory and dementia care services to seniors. Bill Finerfrock seconded. The motion passed unanimously.

FY 2015 Budget Update

The Board of Supervisors marked up and approved the County's FY 2015 Budget. The BOS approved a \$137,000 increase in the Community Health Care Network's (CHCN) contract rate. The BOS approved additional funding for other Health Department contracts, including the laboratory, dental, and One-to-One Nursing.

At the request of the BOS, the County Executive provided additional funding cuts for the Board's consideration, which included the closing of two Adult Day Healthcare Centers (ADHCs). The BOS did not act on these recommendations.

Financial shortfalls for the next Fiscal Year have been identified. At the conclusion of the FY 2014 budget cycle, all County agencies will be asked to report any costs savings or efficiencies that could be achieved. The Health Department will continue to look for ways to control costs, but over the last several years, the agency has maximized all available cost-saving efficiencies.

John Caussin, Assistant Chief of Operations, Fire & Rescue Department, responded to a request regarding the impact of the BOS decision not to fund \$1 million for large apparatus vehicle replacement. In an e-mail, Chief Caussin stated that the \$1 million dollars referenced in the budget reductions was funding that DMB had originally planned to provide to the agency's apparatus replacement fund due to the rising cost of new apparatus. Through the budget process, DMB decided that it could not provide the \$1 million. FMD has money available to replace apparatus; however, inflation and cost creep have eroded the fund's purchasing power. The agency may need to reduce spending in other areas or delay purchases, should the need arise to replace a particular piece of equipment.

The BOS also reduced FY 2015 funding for the Inova Translational Medicine Institute by \$600,000. The Board accepted the HCAB's recommendation to establish accountability measures, requiring Inova to demonstrate ITMI's stated economic development goals/outcomes. Marlene Blum will reach out to Supervisor Smyth to see how those requirements will be implemented. The reductions to ITMI's FY 2015 funding do not have implications for future years.

Health Department Accreditation

Robin Wilson, Public Health Analyst, provided an overview of the national voluntary accreditation program for health departments. The Public Health Accreditation Board (PHAB) develops the accreditation standards and administers the program. PHAB is a nonprofit organization formed in 2007 with funding from the Robert Wood Johnson Foundation (RWJ) and the Centers for Disease Control and Prevention (CDC). PHAB's Board of Directors is composed of leaders in public health. Accreditation seeks to measure health departments' performance against a set of nationally recognized, practice-focused, evidence-based standards. The goal of accreditation is to protect and improve the health of the public by advancing the quality and performance of public

health departments. There are 283 Health Departments that have been successfully accredited.

The accreditation process mirrors the 10 Essential Public Health Services, with the addition of two more domains – 11, which focuses on administration and management, and 12, which focuses on governance. In March 2014, Loudoun Health District became the first accredited health department in the state of Virginia. Prince William and Thomas Jefferson Counties have applied, and Fairfax will apply before the end of May. The City of Alexandria has indicated that it plans to apply, but has yet to set a date.

The process looks at the Health Department, and the programs and services it provides along with its partners. Mental health, substance abuse, or other social services, such as domestic violence prevention, are not evaluated as part of the accreditation process.

The benefits of accreditation include showcasing the work of the Health Department and its partners, identifying strengths and opportunities for improvement, and increasing the agency's credibility, which may position the Health Department and its partners to compete successfully for future funding.

According to Ms. Wilson, the accreditation process benefits the community by demonstrating to public and policy makers that the Health Department is achieving high standards. Accreditation strengthens the positive impact of collective efforts across the local public health system and lays the foundation for improved protection and promotion of community health.

The Health Department has dedicated several resources to accreditation. Ms. Wilson will serve as the agency's accreditation coordinator. An accreditation team has also been formed to assist with the documentation required to demonstrate PHAB domains/standards.

The fee to apply for accreditation is determined by a jurisdiction's population size. Upon application, Fairfax will pay \$47,700 to PHAB. The application fee pays for site visitors and coordinator training.

Several prerequisites must be met before a health department can apply for accreditation. A Community Health Assessment (CHA), which describes a region's health issues and mobilizes the community, must first be completed. A Community Health Improvement Plan (CHIP), based on the CHA and identifying community priorities, must also be developed. Last, the health department must have a strategic plan that outlines the agency's priorities and ties back to the CHIP and Quality Improvement Plan.

Site visitors may meet with members of the Health Care Advisory Board in order to get a sense of community needs and the direction the Health Department has taken to address those needs.

There are seven steps in the accreditation process, and it typically takes between one-and-a-half to two years to receive an accreditation decision. In Loudoun County's case, the entire process took one-and-a-half years.

The *Pre-application* phase requires health departments to submit a statement of intent to PHAB and to complete the three prerequisites. During the *Application* phase, the health department will provide general information about the agency, submit evidence for the three prerequisites and pay the PHAB application fee. *Documentation Selection and Submission* are the next step and must be completed within 12 months. A *Site Visit* will occur afterwards to verify the accuracy of the documentation submitted. Designated FCHD staff will be interviewed and meetings will be held with governance representatives and community partners. An *Accreditation Decision* follows, upon which the agency will learn whether it has been accredited or not accredited. Agencies that are not accredited will have three months to develop an action plan and one year to implement it, after which time PHAB will reassess its decision. The sixth step, *Annual Reports*, will be required to explain how opportunities for improvement are being addressed. The accreditation process is repeated in the final phase – *Reaccreditation* – and involves another application and site visit. Reaccreditation occurs every five years.

Some HCAB members questioned the value of pursuing accreditation as the costs (e.g., staff time, application fees, etc.) seem incommensurate with the benefits (i.e., the potential to receive preferred status when applying for grant funding). A question was asked about the validity of the PHAB standards. Ms. Wilson stated that between 2007 and 2010, PHAB had tested several standards in several sites.

2014 Fairfax 50+ Plan

On May 20, the Board of Supervisors 50+ Committee will consider the 50+ Steering Committee's recommendations. Bob Eiffert expects the meeting to function more like a dialogue, with Supervisors asking questions of the Committee. The draft initiatives are open for public comment until May 15 on the County's Older Adults.

Many of the draft initiatives are not just related to Fairfax County, but include private partners (e.g., George Mason University's School of Health and Human Services). HCAB members have identified the need for trend analysis and demographic data that would inform long range planning efforts around senior services and programs. Mr. Eiffert said that GMU is interested and willing to conduct data collection and analysis around long term care.

There was some concern over lumping people into one 50+ demographic, as the needs of 85 year olds will be different than those who are 60+. Moreover, there are young,

healthy, and active individuals who still need support services (e.g., transportation, help with medical appointments, and mental health services that deal with depression and grief).

Mr. Eiffert underscored the need to make the 50+ recommendations and strategies a community plan, not a county plan. Community partners must be engaged in order to address the needs of the frail elderly, including specific services that must be delivered in specialized ways (e.g., medical transportation). The draft initiatives can be designed and modified to accommodate all ages. For example, parks can be used for more things than just exercise. There are historic parks, parks with gardens, parks for visual and sensory experiences. The initiatives attempt to address an array of ages, interests and abilities. The arts initiative is another example that has a broader reach.

There was some discussion over what the HCAB's role is in the 50+ Plan, and Mr. Eiffert said there will be more opportunities to get involved as the recommendations are refined. The HCAB decided to defer comment until that time, and individual members were encouraged to submit comments before the May 15 closing date. Sherryn Craig will resend the link.

Work Plan for an Integrated Safety Net Healthcare System

Copies of the Health Management Associates' (HMA) recommendations for implementing an integrated safety net healthcare system were distributed to HCAB members. Pat Harrison will return to the HCAB at its June 9 meeting to have a more substantive discussion of the proposed strategies, which will not only affect the work of the county and the community, but also the HCAB. The agenda for the June HCAB meeting will be dedicated exclusively to this topic. HCAB members were encouraged to read the proposal carefully and note any questions or comments they would like to discuss.

2014 Zoning Ordinance Amendment Work Program (ZOAWP)

Lorrie Kirst, Senior Deputy Zoning Administrator, Department of Planning and Zoning (DPZ), contacted the Health Department to inform staff that DPZ is in the process of putting together the 2014 Zoning Ordinance Amendment Work Program (ZOAWP), which will be discussed at the BOS' Development Process Committee meeting on June 10.

The ZOAWP is a list of amendments that the Board has directed staff to pursue that year, and the ZOAWP contains a Priority 1 list of items to be worked on that year and a Priority 2 list of items that are to be maintained on a list for future prioritization. Just because an item is on the Priority 2 list does not mean that it is unimportant; it may mean that there are other items that the Board wants to tack first. DPZ is proposing to add a new Priority 2 item to the 2014 ZOAWP: "Consider treating adult day health care centers as a medical care center rather than being most similar to a child care center."

Ms. Blum prepared a draft memo to the BOS suggesting the item be changed from Priority 2 to Priority 1 so that community meetings could be scheduled for this year. Ms. Crawford moved that the HCAB send the memo to the BOS. Ms. Zuvekas seconded it. The motion carried unanimously.

There being no further business, the meeting adjourned at 9:49 pm